

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90123 020 ***150.00

06/5107 FP

DOCUMENT # P97000061272

1. Entity Name
ANSBACHER & MCKEEL, P.A.



Principal Place of Business
BARRY B ANSBACHER
STE 2450 RIV PL TOWER 1301 RIVERPLC BL
JACKSONVILLE FL 32207
US

Mailing Address
BARRY B ANSBACHER
STE 2450 RIV PL TOWER 1301 RIVERPLC BL
JACKSONVILLE FL 32207
US

11029131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3458497**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRY B ANSBACHER
STE 2450 RIVERPLACE TOWER
1301 RIVERPLACE BLVD
JACKSONVILLE FL 32207

Same entity
Corporate Name
Change for Reg.
Agent

Name **Ansbacher + McKeel, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
No Change
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barry B. Ansbacher, Pres. DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ANSBACHER, BARRY B**
STREET ADDRESS **STE 2450 RIVERPLACE TOWER 1301 RIVERPLC B**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **McKeel, J. Thomas**
STREET ADDRESS **Ste. 2450 Riverpl. Tower 1301 Riverplc. Blvd.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (904) 396-8050

Date

Day/Time Phone #

CR2E034 (10/02)